

# BETH ABRAHAM SYNAGOGUE

305 Sugar Camp Circle \* Dayton, OH 45409 \* 937-293-9520 \* [www.bethabrahamdayton.org](http://www.bethabrahamdayton.org)

## *Membership Application*

Welcome! We are very pleased that you have chosen to become a member of Beth Abraham Synagogue – a synagogue committed to the principles and values of Conservative Judaism. Completing this application will help us get to know you and your family, so we can welcome you into our *kehilat kodesh*, a “holy congregation.”

### **CONTACT INFORMATION**

#### **Adult #1**

Dr. Mr. Mrs. Ms. Other

First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname? \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Seasonal Address \_\_\_\_\_

From when to when? \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Cell phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Married: Anniversary \_\_\_\_\_ Single Widowed Divorced Separated Partnered

Full Hebrew Name (including parents) \_\_\_\_\_

#### **Adult #2**

Dr. Mr. Mrs. Ms. Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname? \_\_\_\_\_

Cell phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Full Hebrew Name (including parents) \_\_\_\_\_

### **YOUR CHILDREN**

	Child 1	Child 2	Child 3	Child 4
First Name				
Nickname				
Middle Name				
Last Name				
Hebrew Name				
Gender				
Date of Birth				
Lives at Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:	Date:	Date:	Date:
Email				

**BUSINESS**

**Adult #1**

Position/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Adult #2**

Position/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**PRIOR AFFILIATION**

Present synagogue affiliation \_\_\_\_\_ City/State \_\_\_\_\_  
Former synagogue affiliation \_\_\_\_\_ City/State \_\_\_\_\_

**OTHER FAMILY MEMBERS**

**Adult #1 - Parents**

Father's Name \_\_\_\_\_  
Living Deceased – Date of Death \_\_\_\_\_  
Before sundown? Yes No  
His Hebrew Name \_\_\_\_\_  
Kohen Levi  
Mother's Name \_\_\_\_\_  
Living Deceased – Date of Death \_\_\_\_\_  
Before sundown? Yes No  
Her Hebrew Name \_\_\_\_\_

**Adult #2 - Parents**

Father's Name \_\_\_\_\_  
Living Deceased – Date of Death \_\_\_\_\_  
Before sundown? Yes No  
His Hebrew Name \_\_\_\_\_  
Kohen Levi  
Mother's Name \_\_\_\_\_  
Living Deceased – Date of Death \_\_\_\_\_  
Before sundown? Yes No  
Her Hebrew Name \_\_\_\_\_

**Yahrzeit Observance**

Please list the names and other pertinent information for those you wish remembered.

	Adult #1		Adult #2	
First Name of Departed	1.	2.	1.	2.
Last Name of Departed				
Hebrew Name				
Relationship				
Date of Death				
<b>Before Sundown?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional family members, please attach a separate sheet.

Do you own a cemetery Plot? No Yes – Where? \_\_\_\_\_

**MAKING A CONNECTION – BECOME PART OF OUR BETH ABRAHAM FAMILY**

We value and welcome our members' participation in all aspects of synagogue life. Which congregational activities or volunteer opportunities might interest you or other members of your family?

- |                                                                                |                                                                               |                                                                                      |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Adult</b><br><b>1 2</b>                                                     | <b>Adult</b><br><b>1 2</b>                                                    | <b>Adult</b><br><b>1 2</b>                                                           |
| <input type="checkbox"/> <input type="checkbox"/> Adult Education              | <input type="checkbox"/> <input type="checkbox"/> Keruv (Interfaith families) | <input type="checkbox"/> <input type="checkbox"/> Office Volunteer                   |
| <input type="checkbox"/> <input type="checkbox"/> Building & Grounds           | <input type="checkbox"/> <input type="checkbox"/> Kiddush Lunch Preparation   | <input type="checkbox"/> <input type="checkbox"/> Serah bat Asher (shiva assistance) |
| <input type="checkbox"/> <input type="checkbox"/> Cemetery Committee           | <input type="checkbox"/> <input type="checkbox"/> Learning Hebrew             | <input type="checkbox"/> <input type="checkbox"/> Sisterhood                         |
| <input type="checkbox"/> <input type="checkbox"/> Chevra Kadisha               | <input type="checkbox"/> <input type="checkbox"/> Library                     | <input type="checkbox"/> <input type="checkbox"/> Social Action                      |
| <input type="checkbox"/> <input type="checkbox"/> Education (Religious School) | <input type="checkbox"/> <input type="checkbox"/> Marketing/PR                | <input type="checkbox"/> <input type="checkbox"/> Social Programming                 |
| <input type="checkbox"/> <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> <input type="checkbox"/> Membership                  | <input type="checkbox"/> <input type="checkbox"/> Torah/Haftarah Reader              |
| <input type="checkbox"/> <input type="checkbox"/> Gift Shop                    | <input type="checkbox"/> <input type="checkbox"/> Men's Club                  | <input type="checkbox"/> <input type="checkbox"/> Transportation                     |
| <input type="checkbox"/> <input type="checkbox"/> Hesed (caring) Committee     | <input type="checkbox"/> <input type="checkbox"/> Monthly Bulletin            | <input type="checkbox"/> <input type="checkbox"/> Youth Group Volunteer              |

Please list special skills or talents you would like to share with us: \_\_\_\_\_

**PLEASE SHARE YOUR RELIGIOUS BACKGROUND**

**Adult #1:**

In what religious tradition were you raised?

- Conservative Reform Orthodox Secular Non-Jewish None

Are you a: Kohen Levi Yisrael Jew by choice – Converting Rabbi's name (or please attach a copy of the Conversion Certificate) \_\_\_\_\_

Can you read Hebrew? Yes No

Can you read Torah? Yes No

Can you chant Haftarah? Yes No

Do you keep a Kosher home? Yes No (we are always looking for mashgichim – kashrut supervisors - for our kitchen)

**Adult #2:**

In what religious tradition were you raised?

- Conservative Reform Orthodox Secular Non-Jewish None

Are you a: Kohen Levi Yisrael Jew by choice – Converting Rabbi's name (or please attach a copy of the Conversion Certificate) \_\_\_\_\_

Can you read Hebrew? Yes No

Can you read Torah? Yes No

Can you chant Haftarah? Yes No

Do you keep a Kosher home? Yes No (we are always looking for mashgichim – kashrut supervisors - for our kitchen)

